

B6F (Official Form 6F) (12/07)

In re **Charles J. Jameson,
Lynn S. Jameson**Case No. **12-36039**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1230300355 Accurate Collection Services 17 Prospect Street Morristown, NJ 07960	H					695.86
Account No. 01-1064350 Anesthesia Associates of Morristown, PA PO Box 7319 Bedminister, NJ 07921	W					93.45
Account No. 130871024 CBHV 155 North Plank Road P.O. Box 831 Newburgh, NY 12551	W					305.88
Account No. 130803163 CBHV 155 North Plank Road P.O. Box 831 Newburgh, NY 12551	W					162.84
Subtotal (Total of this page)						1,258.03

3 continuation sheets attached

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 77357643						
EMA PO Box 6312 Parsippany, NJ 07054	H					31.65
Account No.						
EMA PO Box 6312 Parsippany, NJ 07054	H					31.65
Account No. 1046994						
HSS Collection Agency P.O. Box 116 Cliffside Park, NJ 07010	H					162.75
Account No. MIA300625						
Morris Imaging Assoc PA PO Box 6750 Portsmouth, NH 03802	W					115.97
Account No. A135002760						
Morristown Medical Center PO Box 35610 Newark, NJ 07193	W					130.95
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						472.97

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. A1305901313		W					620.85
Morristown Medical Center PO Box 35610 Newark, NJ 07193							
Account No.		W					61.56
Morristown Pathology Assoc, P.A. 65 Madison Ave Suite 220 Morristown, NJ 07960							
Account No. 947-10512.1		H					76.95
New Jersey Imaging Network, LLC PO Box 714694 Boston, MA 02241							
Account No. MRI000020249-001		W					273.23
Open MRI of Morristown 95 Madison Avenue Suite B-4 Morristown, NJ 07960-7328							
Account No. 100-86510		H					127.18
Practice Assoc Medical Group P.O. Box 416457 Boston, MA 02241							
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,159.77
Subtotal (Total of this page)							

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 13851718 Rubin & Raine of NJ, LLC PO Box 949 Cranberry Commons 446 Route 35, Building C Eatontown, NJ 07724	W					853.55
Account No. A72636 Savit Collection Agency P.O. Box 250 East Brunswick, NJ 08816-0250	W					476.00
Account No. 						
Account No. 						
Account No. 						
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,329.55
						Total (Report on Summary of Schedules) 4,220.32